



International Right of Way Association  
Course Exam Retake Request Form

(Please print/type all information)  
Retake Fee: \$25.00 U.S. Dollars

Date: \_\_\_\_\_

I would like to retake the exam for the following course. Enclosed is a check for \$25.

Course #: \_\_\_\_\_

Date taken: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Chapter # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Member #: \_\_\_\_\_

**Name of Designated Exam Proctor**

Please send Challenge exam(s) to: (Must be an SR/WA Member or IRWA Certified Instructor)

Name of Proctor: \_\_\_\_\_ SR/WA # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

**Credit Card Information**

AMEX  M/C  Visa  Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Amount Charged: \_\_\_\_\_

Name as it appears on Credit Card \_\_\_\_\_

**SEND THE COMPLETED FORM TO:**  
International Right of Way Association  
Attn: Francis Vicente  
19210 S. Vermont Avenue, Bldg. A, Suite 100, Gardena, CA 90248  
Telephone # (310) 538-0233 - Fax # (310) 538-1471